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(FILE 'HOME' ENTERED AT 14:08:22 ON 03 MAR 2004)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, CANCERLIT, JAPIO' ENTERED AT  
14:08:42 ON 03 MAR 2004

L1           0 S HEMATOPOIESIS AND (BASOPHIL ACTIVAT?)  
L2           74090 S HEMATOPOIESIS  
L3           639 S (BASOPHIL ACTIVATION)  
L4           0 S L2 AND L3  
L5           579 S L2 AND BASOPHIL?  
L6           110 S L5 AND MEGAKARYOC?  
L7           29 S L6 AND MAST?  
L8           29 S L7 AND HEMATO?  
L9           13 DUPLICATE REMOVE L8 (16 DUPLICATES REMOVED)  
L10          2 S L9 AND ACTIVA?

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on STN

AN 92012974 EMBASE

DN 1992012974

TI Interleukin-3: Its biology and potential uses in pediatric  
**hematology/oncology.**

AU Sunderland M.C.; Roodman G.D.

CS Hematology Research, VA Medical Center, 7400 Merton Minton Blvd., San  
Antonio, TX 78284, United States

SO American Journal of Pediatric Hematology/Oncology, (1991) 13/4 (414-425).

ISSN: 0192-8562 CODEN: APHODH

CY United States

DT Journal; Conference Article

FS 025 Hematology  
030 Pharmacology  
037 Drug Literature Index  
038 Adverse Reactions Titles

LA English

SL English

AB The **hematopoietic** growth factor interleukin (IL)-3 is a potent  
regulator of blood cell proliferation. It promotes the survival,  
proliferation, and development of **hematopoietic** stem cells and  
committed progenitor cells of the granulocyte-macrophage, erythrocyte,  
eosinophil, **basophil**, **megakaryocyte**, **mast**  
cell, and lymphocyte lineages. In addition, IL-3 enhances mature myeloid  
cell functions such as phagocytosis and **activation** of  
**basophils** and eosinophils, as well as monocyte cytotoxicity. The  
first phase of clinical trials suggested that IL-3 may augment  
myelopoiesis in a number of clinical conditions. It may be efficacious for  
treatment of primary marrow disorders, including myelodysplastic syndromes  
and aplastic anemia. However, replacement therapy with IL-3 alone is  
probably not sufficient to obtain maximal stimulation of myelopoiesis.  
Preclinical and clinical studies published to date suggest that sequential  
use or combinations of growth factors will be needed to obtain optimal  
**hematopoietic** responses.

CT Medical Descriptors:

**\*hematopoiesis**  
\*myelopoiesis  
aplastic anemia: DT, drug therapy  
bone marrow disease  
conference paper  
drug activity  
influenza: SI, side effect  
molecular biology  
myelodysplasia: DT, drug therapy  
Drug Descriptors:  
\*interleukin 3: PD, pharmacology  
\*interleukin 3: DT, drug therapy  
\*interleukin 3: DV, drug development  
\*interleukin 3: EC, endogenous compound  
\*interleukin 3: AE, adverse drug reaction  
\*interleukin 3: DO, drug dose

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